Reviewer's report

Title: Compliance with Referrals for Non-acute Child Health Conditions: Evidence from the Longitudinal ASENZE Study in KwaZulu Natal, South Africa

Version: 1 Date: 30 April 2013

Reviewer: DAUDI SIMBA

Reviewer's report:

1. Is the question posed by the authors well defined? YES
2. Are the methods appropriate and well described? NO. SEE COMMENTS IN ATTACHMENT
3. Are the data sound? YES
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? YES
5. Are the discussion and conclusions well balanced and adequately supported by the data? NO. SEE COMMENTS IN ATTACHMENT
6. Are limitations of the work clearly stated? NO. SEE COMMENTS IN ATTACHMENT
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? YES
8. Do the title and abstract accurately convey what has been found? YES
9. Is the writing acceptable? MANUSCRIPT REQUIRE THOROUGH ENGLISH EDITING

COMPLIANCE FOR REFERRALS FOR NON-ACUTE CHILD HEALTH CONDITIONS: EVIDENCE FROM THE LONGITUDINAL ASENZE STUDY IN KWA ZULU NATAL, SOUTH AFRICA

REVIEWER’S REPORT

GENERAL COMMENTS

This manuscript is based on a research topic that is relevant in informing health systems policies. As correctly argued by the authors, many studies in sub-Saharan Africa have reported paediatric referral in acute illnesses and less on chronic illnesses.

However, authors studied a variety of chronic conditions including anaemia, HIV infections, vision, and hearing. These conditions are inherently different in the context of caregivers’ social and cultural perspectives. Thus factors reported to have had significant association might be relevant to one of the conditions but not to others. In fact, the lack of specificity might have diluted the evidence, if it existed, on a particular chronic condition.
The manuscript requires thorough English editing. For example page 3 line number 33 ‘The objectives of this analysis is …’

SPECIFIC COMMENTS

ABSTRACT

The abstract will be informative if authors will outline the sampling method. Author reports high referral compliance for HIV infections. Authors need to explain why children with HIV infections required referral if they did not have AIDS complex.

In the conclusion part of the abstract the authors recommend for further research to examine whether other factors such as caregivers knowledge are determinants of referral compliance. Authors need to explain why these important factors were not studied and in the absence of these factors what is the validity of multivariate models they presented in the findings?

METHODS

The authors state in page 3 line number 45/46 that, ‘a door to door survey of all households in five contiguous isiZulu tribal areas was conducted’. The authors need to explain how this area was selected since this has serious implication on the generalization of the findings.

Page 3 line number 46 states that ‘all 4-6 year old were invited to a comprehensive medical and developmental assessment’. Authors need to state how they established the age of the children. In addition, inviting all children from a household would result into clustering effect in which households with more children are overrepresented. How was this effect addressed by the authors? Author need to also explain how this limitation might influence their results because poorer households are more likely to have more children.

About 12% of the children/caretakers did not consent for Phase 1. In the African setting the proportion is quite high. Authors need to explain the reasons for and the implication on generalization of the findings.

In page 4 line 9 / 10 authors report of ‘HIV counseling … to all participants.’ Since participants were of children aged 4-6 years. Authors need to explain how the consent was administered and the ethical implication.

RESULTS

Page 6 line number 7 / 8 authors state that children were referred to local health clinics and a third to regional hospitals. Studies have reported different referral patterns (factors) level of care provision (primary level facilities versus hospitals). Authors need to explain how this limitation influenced the findings from their research.

DISCUSSION

The cut-off point for referral of conditions such as anaemia was Hb <10 g/dL.
Authors need to discuss this in the context of the general population because the level might be perceived to be too high for caretakers to comply with referral and for referral facilities to take action.

Page 4 line 16/18 authors report giving instructions to caregivers on the referral. However, chronic conditions that were referred are normally asymptomatic. Caregivers required health education on the conditions rather than instructions prior to referral. Authors need to also discuss how the referral process might have influenced the compliance rate.